

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008840

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2723

STATE FILE NUMBER

FILED MAR 14 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Wayne

c. CITY
OR
TOWN

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Jewish Hospital

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Near Hiram

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Donald

Middle

Last

Jaco

4. DATE
OF
DEATH

Month

March

Day

7,

Year

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec 24, 29

9. AGE (last birthday)

33

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

Saw Mill

11. BIRTHPLACE (City and state or country)

Hiram, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jake L. Jaco

13b. MOTHER'S MAIDEN NAME

Kitty Ann Wilfong

14. NAME OF HUSBAND OR WIFE

Vercie Jaco

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Donald Jaco

Hiram, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

4-5 years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Mitral Stenosis and Insufficiency

15 years

DUE TO (c)

Rheumatic Heart Disease

18 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

410X

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
s.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from

8/11/1958

to 3-7-63

and last saw him alive on 3-7-63

Death occurred at

11 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Morton A. Levy M.D.

22b. ADDRESS

216 So. Knapghighway

22c. DATE SIGNED

3/8/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Mar. 10 1963

23c. NAME OF CEMETERY OR CREMATORY

Cowan Cemetery

23d. LOCATION (City, town, or county)

Hiram Mo

(State)

24. FUNERAL DIRECTOR

Baker Funeral Home

ADDRESS

Lutesville, Mo.

25. DATE RECD. BY LOCAL REG.

MAR 8 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edw. A. Graham

Licensed Embalmer No. 5195

P. O. Address Luttrellville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.